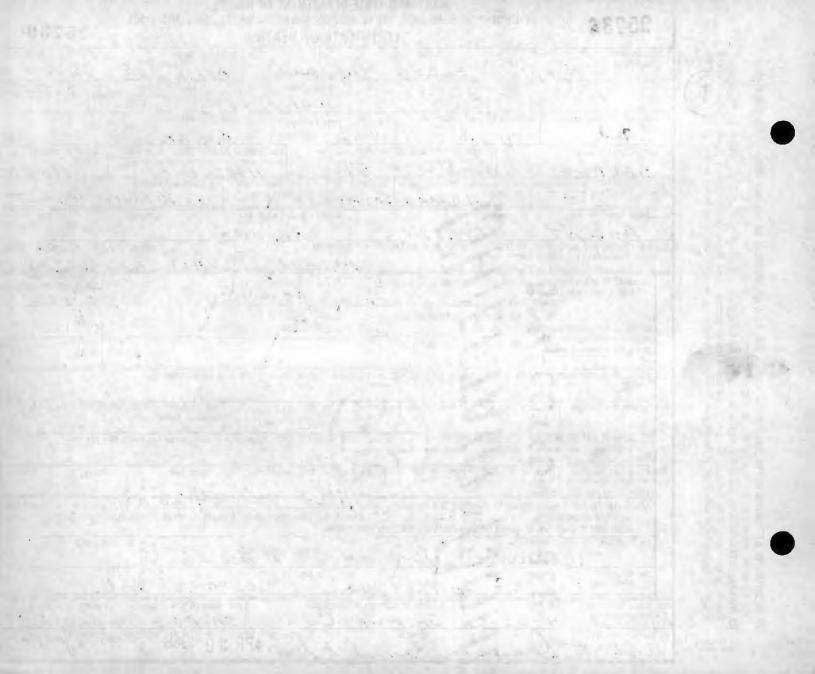
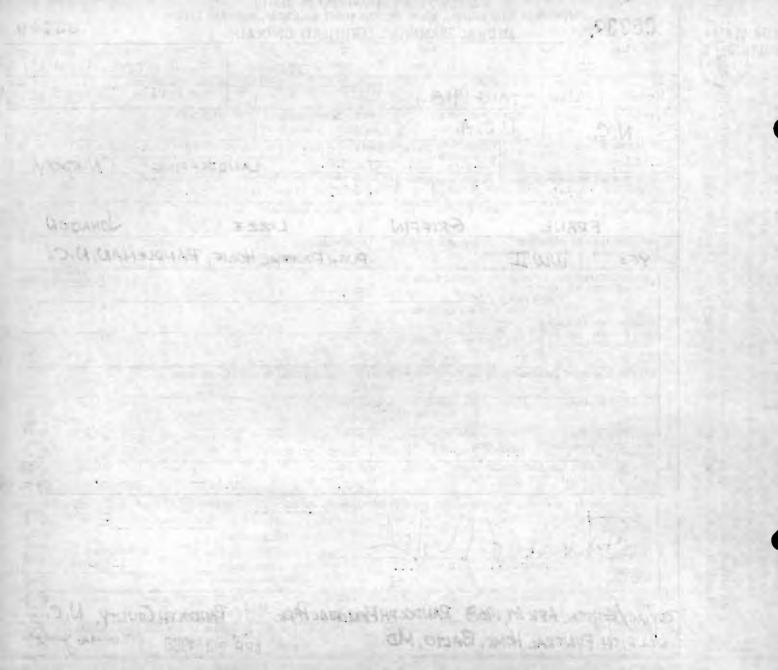
1 37 F F 13-11 5 C 1 7 C 11 7 - 3 1 0 0 1 1 1 1 " 8 - 1 - 1 χ = ε-1 (ε-) 11 * Lar n- grand and the state of the state of

AT THE PRESENCE OF STREET, THE PROPERTY OF THE PARTY OF T

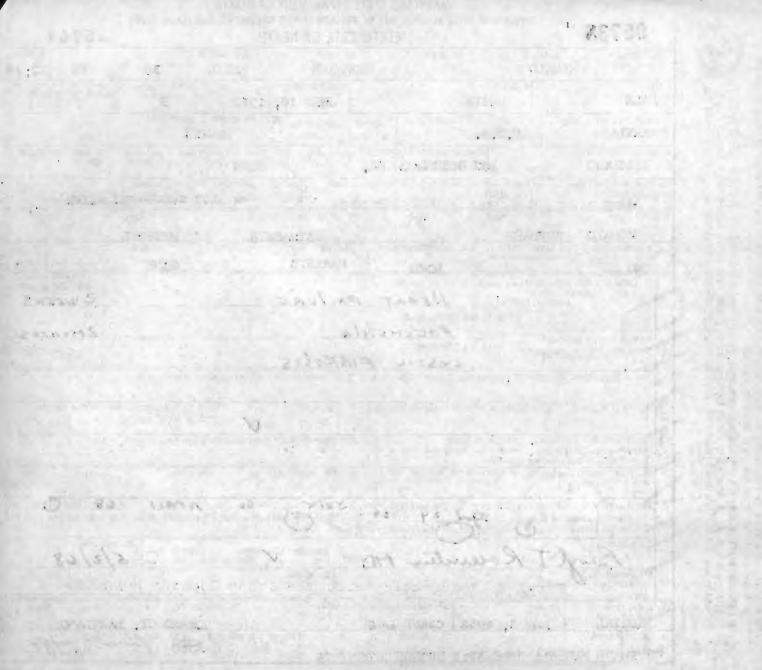
	MARYLAND STATE DEPAR	TMENT OF HEALTH	
1 4	15736 DIVISION OF VITAL RECORDS, 301 W. PRESTON		05790
	CEKTIFICATE U	OF DEATH	05739
	ASED-NAME First Middle Lost e or print)	20. DATE OF DEATH Month Doy	Yeor 2b. HOUR
	MATIE ELLEN DUVE	7-CC APRIL 23	1968
3. SEX	4. RACE S. DATE O	last hirthdayl Me	FUNDER 1 YEAR IF UNDER 24 HRS
70. 919	THPLACE (Stoke or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHEN NEVER		
70. Bik	MORKIED METER	IVORCED AOWARD	- A
10. CIT	OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	ol 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
\$ 00	SAVAGE give street oddress SH, ST.	during most of working life, even if retired.)	INDUSTRY HOME
130. US odmissi	UAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN on) STATE 13b. COUNTY	13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES V NO U	57
	HER'S NAME First Middle Lost IS. MOTHER'S	S MAIDEN NAME First Middle	lost
5 1 13.166	AUGUST POSTER	UNKNOWN	LOSI
	AS DECEASED EVER IN U.S. ARMED FORCES? [166. SOCIAL SECURITY NO.] 17. INFORMANT	Address 44	8 LAUREL A
Yes	no, of unknown) (If yes give wer or dates of service) ARTA	TUR A. DIVALL LAU	IREC MD
1	3. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	1 0 10 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	debility	6 mos.
	194 X DUE TO, OR AS A CONSEQUENCE OF		141
ri	onditions, if ony, which gove (b). (b)	red ,	11:
st ld F	oling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	7	V
	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	<u> </u>
=	794 X		
CERTIFICATION	to. Date of operation 19b. Condition for which operation was performed 20g. A	AUTOPSY? 20b. IF YES, WERE FINDINGS CON:	SIDERED IN CERTIFYING
XE	YES	NO []	
	TOR CONTRIBUTING TICAUSE OF DEATH HOUR A.M. Month Dov Year	OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	m 18.)
	either, notify medical examiner) P.M. 19 1d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION	Street or R.F.D. No. City or Town	County Stote
1	Id. INJURY OCCURRED VIII 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION SWORK OF WORK OF WORK	in the state of the	coomy biolo
	20. I certify that (1) (this haspital) attended the deceased from 1/11/6	8 , 19 , to 47 23 16, 99_	, that (I) (we) for
	saw the deceosed olive an 1963, and that in couses stated above, (1) (we) (did) (did not) view the body after death.	(my) (aur) apinion deoth occurred an the date	and haur and fram t
2	2b. SIGNATURE 60	22c. DA	TE SIGNED
	Mank Shyley DEGREE PHYS	NDING MED. STAFF S. DIRECTOR PHYS.	
2	NAME (Type)	ADDRESS (11	
	TAHNA E. OHITCEY IMMI	Javes NV	
	URIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR SAUAGE SAUAGE.		(County) (Stote)
24. FU	INFRAL DIBECTOR. ADDRESS C	250. REC'D BY SEGISTRAR 40 255 REGISTRARY SI	
168-)	le Witt Dansedon, Laurel My	DATE APR 30 1300	00



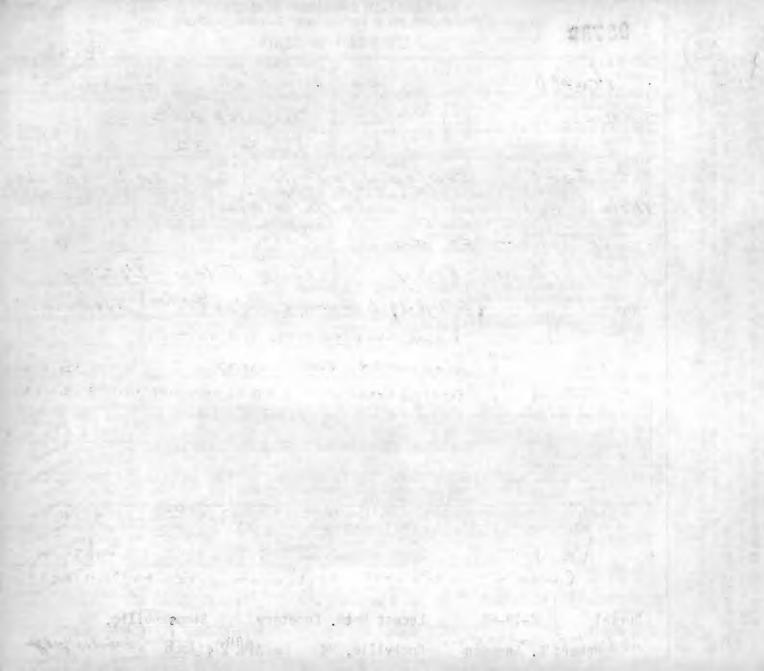
MAKYLANU STATE DEPAKIMENT OF HEALTH



1			DIVISION OF VITAL RECORDS,			REET, BALTIMOR		YLAND 21201		
(1)		05738	*		ATE OF		,		0574	1
		CEASED-NAME First (ype or print) RONALI	Middle	HOI	Lost MANN		DATE OF D	Month Day	89,	2b. HOUR 12; 25
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral rector, page 3 should be detached for use as the buriol-transit permit. Then please remaye corban papers. Pages 1 and 1 aguild be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	3. 5	X MALE	4. RACE WHITE		S. DATE OF B	16, 1962			IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS HOURS MIN
illed in by t papers. Pa	7a.	BIRTHPLACE (State or fareign 7)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MAR		HOWAR			N
ompletely filled ve corban pape event, within 72	10. (ITY OR TOWN OF DEATH ELLICOTT	11. NAME OF HOSPITAL OR INS	TITUTION (If no	at in hospital	120. USUAL OCC	UPATION (working li	Kind af wark dane fe, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
rsicion and completely fiplease remave corban, and in any event, with	13a adm	USUAL RESIDENCE (Where deceased ission) STATE	lived, if institution: Residence before	13c. CITY OR	TOWN	YES NO S		ET AND NUMBER BEECHWOOD	DRIVE	
any any	14.	FATHER'S NAME First	Middle Lost	15.	MOTHER'S MA	AIDEN NAME First		Middle		Lost
sicion ond coplease remo		RONALD HOFM		1111		SABETH		KNOPPEL		
plea J, an	166.		or dates of service)	10.	NFORMANT DADESTE	10		Address		
ronsit permit. Then cremation, or removol		NO.	NONE		PARENT	.5	_	SAME	APPROXIF	MATE INTERVAL
ding ren		PART I. DEATH WAS CAUSED E	one couse per line for (o), (b), and (c).		ALLUI				BETWEEN ON	NSET AND DEATH
attending physicion bermit. Then please on, or removol, and		O 730 IMMEDIATE	CAUSE (a) JEAR DUE TO, OR AS A CONSEQUENCE OF	-7 /-	A1/01	2 6			- W	TEKS
signed by the attendi buriol-tronsit permit. buriol, cremation, or n		Conditions, if any, which gave	(b) PMEUN	TANI	4				2 Ma	HTHS
rons crem		rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	.1.V.J.I.	4					HUAS
buriol-tr buriol, c		lost.	() CYSTIC		BROS					
to buriol, o		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR CONDITI	ION GIVEN	IN PART 1(o)		0
F Heolth prior to 5	CERTIFICATION	190. DATE OF OPERATION 19b. CO	NOTION FOR WHICH OPERATION WAS PER	RFORMED	20o. AUTO			YES, WERE FINDINGS CON DF DEATH?	ISIDERED IN CE	RTIFYING
leolth 7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HC			e of injury	in Port 1 or Part 2, Ite	em 18.)	-
4	MEDICAL	(If either, natify medical examiner	r) P.M. 19							
	×	While Not while	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			et or R.E.D. No.		r Town	County	Stote
oge 3 should be detoched filed with the Stote Dept. of		22a. I certify that (I) (this saw the deceased alive causes stated above 4	haspital) attended the decease re onl (Dwe) (did) (did nat) view the	od from	that in m	, 19 <u>66</u> , lý) Jour) apinian	tad death a	curred an the date	e and haur	(I)(we) la and fram th
O FUNERAL DIRECTOR: After director, page 3 should be categoride be filed with the Stote		22b. SIGNATURE)	(1) twe) (aid) (bid har) yiew tile i	oddy difer c				22c. D/	ATE, SIGNED	
ed w		Bent T	Roseveten	MOEGR	EE PHYS.	NG MED.	R 🗆	STAFF PHYS. D 5	/2/6:	8
Saleuld be filed		22d. PHYSICIAN'S Bery	yl T. Rosenstei	ln, M.	D 22e ADE	ne Johns	Нор	kins Hos	pital	
Ser le	230	BURIAL, CREMATION, 23b. DA	TE 23c NAME OF	CEMETERY OR	CREMATORY	23d.	LOCATION	(City or Town)	(County)	(Stote)
1300			Y 3, 1968 CREST	LAWN		Lac accid by see	HOT	VARD CT. M	RYLAND)
(4) 1/68		FUNERAL DIRECTOR	ADDRESS		P17	2Sa. REC'D BY REG	6 1S	68 REGISTRAR'S S	reas for	dge
		IUFFMANN FUNERAL	HOME 3218 HUDSON	STREE	T 24	DATE		//		W



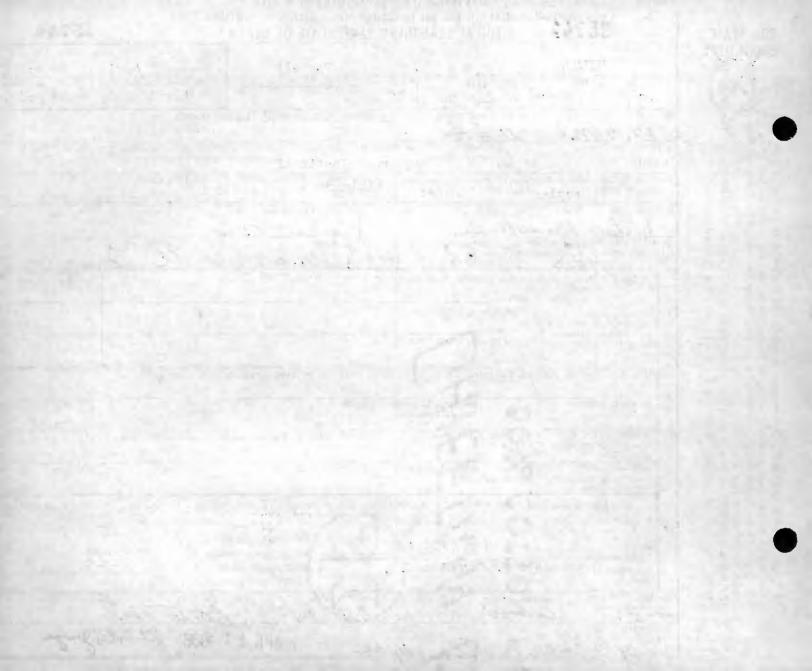
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COLINTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) hours ise Simpson DimosoNVIIIE .⊑ papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 YES NO 14 DATE OF DEATH corban NAME OF First Middle Manth Day Year DECEASED Denjamin (Type or print) 1968 6. COLOR OR RACE 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED IF UNDER 24 HRS last birthday) Manths Davs Haurs and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) COUNTRY? a A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service Sykesuille M 13-18-1406 Genevieve Hudso buriol, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH HOUTE MYDOARDIAL INFARCTION IMMEDIATE CAUSE (a) by the hospitol or attending physicion. DUE TO OCCLUSION Canditions, if ony, which gave CORONARY 15 MIN rise ta immediate cause (o). DUF TO stating the underlying couse ATHEROSELEROTIC CARDIOVASCULAR DISEASE be detached for use as the State Dept. of Health prior to 2 425 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate YES T NO P 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED O FUNERAL DIRECTOR: After this 20e, PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) Haur 'a.m. factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from 12-11 1965 11-17 1968, that (i) (we) last Poge 4 moy be retoined saw the deceased alive on 4-15 1968, and that death occurred of 953 PM, fram causes and on the date stated obove 22g. SIGNATUR 22b. DATE SIGNED 4-17-64 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S director, purily be f 21043 NAME (Type) FULLCOTT 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 4-19-68 Locust Meth. Cemetery Simpsonville, Md 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) DATE APR Rockville, Md Snowden



			MARYLAND STATE DEPARTMENT OF HEALTH
4	-\ 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
/	- ,		CERTIFICATE OF DEATH
_	#1-C#		CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	(a) 25 8		ype or print) LAURA VIRGINIA LILLEY APRIL 16 196 F M
		3. S	X 4. RACE S DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR F JNDER 24 HRS.
	THE ST	L	1- W DEC. 1/8/2 85 YRS.
	by By	70	SIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	in 24 ho illed in papers. nin 72 h		MARRIED NEVER MA
	completely filled is ave carbon paper y event, within 72	1	diving most of warking life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	with rebandary	_	SAVAGE SAI WOODWARD ST. HOUSEWIFE HOME
	bample ve ca event	odm	USUAL RESIDENCE (Where deceased lived, if institution. Residence before soin) STATE AD 13b. COUNTY HOWARD SPUACE YES NO 321 RUGE DWARD STATE
	nd campletely remave carban any event, with	14	MID HOWARD STORE NOEDWARD ST
	and ren	1"	
	te b ian asse	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 32 WOODWARD ST
	ifica nysic al, o	1	es no, ar unknown) (If yes gave war or dates at service) HAZEL HEISH MAN SAVAGE MD
	cert g pt Ther may	F	18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (d), (d), (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f
	physician. physician. signed by the attending physician and campler burial-transit permit. Then please remaye carburial, cremation, ar remayal, and in any event,		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF THE CAUSE
	erm erm on, a		DUE TO, OR AS A CONSEQUENCE OF
	t the		Canditions, if any, which gave (b)
	tha on. by ran	L	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	ysici red rial-t ial,	ı	lost. (c)
	phy sign bur	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	ding ding een the ir ta	8	Total
	by the haspital ar attending physician. By the haspital ar attending physician. See a signed by the attending physician and campletely filled in by the detached for use as the burial-transit permit. Then please remove carban papers. Pastate Dept. af Health priar ta burial, cremation, ar remayal, and in any event, within 72 hours.	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	or or he	EE	YES NO VISION DEATH IN 18 OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
	ysician; aspital ar certificate thed for us st. af Healt	EDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year
	PHYSIC he haspit this certife letached & Dept. of	8	(If either, notify medical examiner) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State County State
			While of work of work
	by the fler of the depth of the	П	22g. certify that (1) (this hespital intended the declared from 1965, tal. 1965, tal. 1965, that (1) (we) last
	ed bed it is a final in the S	L	saw the deceased alive and the date and haur and fram the
	R ATTENI retained ECTOR: A 3 shauld with the	П	causes stated abave, (1) (we) (did) (did not) view the bady after death.
	OR ATTENDING be retained by the IRECTOR: After I Be 3 should be de	Н	Manue Styley, W. Store PHYS DIRECTOR DIRECTOR DIPHYS. DI 6/68
	may be RAL DIR. r, page 3	П	22d PHYSICIAN'S 22e ADDRESS 22
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the Color of FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State		NAME (Type) Frank E. Etiloley, M.D. David
	D HOSPI Page 4 n FUNER director, shauld b	23g	OURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	5 5 5 p x	V	filled 1-17-68 thanks com the things
	V8 A15 [4]	24	FUNRAL DIRECTOR ADDRESS ADDR
	30M REV. 1/68	1X	Lell, The Clayed down townel Mrs DATE APR 2 3 1988 fictiones July



1 1	Items 18&22a film 400 MARYLAND STATE DEPARTMENT OF HEALTH	
-	5-1-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	A P M a A
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05744
EALTH DEPT.	(I) you or Print)	Day Yeor 2b. HOUR
and 3 to	WILSON R. Pannell DEATH MATED Apri	1 4, 68 4:10
0	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD lost burthday) MONTHS DAYS HOURS MIN. MORTES AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
Z/4/	Male Negro 10 -36-34 43 yrs. MoonApril Doy 4	, Year 1968 4:10 M
9	70. BIRTHPLACE (State or fareign country) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	V 21-11
Store	That me I A A WIDOWED DIVOKED Howard	Mo
200	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital like street oddress)	26. KIND OF BUSINESS OR NDUSTRY
	Paxtuxent Institution	NDUSIKT
to t	3a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CUV, OR TOWN admission) STATE Magnetia and 3b. COUNTY 11c. 12c. STREET AND NUMBER	
after death	marytanu _ nowara / PESSAP	on Avenue
after death	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
5	Wilson fannell Se Gerlude Norro	
rile goges 172 hours	16b. SOCIAL SECURITY NO. 17. STORMANT ADDRESS 36.30.	5
	75 SI8-12-3831 William Familie G	APPROXIMATE INTERVAL
Ę	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
event within	211 CO IMMEDIATE CAUSE (a) EPILL POS	
in ony event within	DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave	6
ony ev	rise ta immediate cause (a), (b)	
5	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
1	190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month. Day, Year 2111. HOW INJURY OCCURRED (Enter gature of injury in Part 1 or Part 2 literature)	YES NO
	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	
	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 2 Id. INJURY OCCURRED 2 is PLACE OF INJURY (At home form street 21f 10CATION Street or R.F.D. No. Gity or Town	11 1009
		Caunty State
	WHILE AT WORK AT WORK factory, office building, etc.)	
	22a. I certify that I taak charge of the remains described above, held an Autapsy 🗷, Inspection 🗍, Inquiry 🗍,	and in my apinian
	death resulted from: Natural causes X, Accident , Suicide T. Hamicide Undetermined manner	T and in my applicant
	CHIEF MEDICAL EXAMINER	
	SIGNATURE MD ASSISTANT MEDICAL EXAMINER X 226, DATE SI	GNED
-	STOTEMENT TO STOTE CANADISCA	5-68
2	NAME (Type) - ADDRESS(Street, city, town, or county)	
2	230. BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Stote)
1/2	4-EMPHAI (Speight Burner Bulto Mat Cent Ballo Mex	
8	24 FUNERAL DIRECTOR / ADDRESS 1250 PECISTRAD 250 PECISTRADS S	GNATURE
*	Chay Olicson 1001 Beautiffee DAAPR 11 1888 geliant	



	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
Transacte A		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05745
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ONTEN
HEALTH DEPT		ECEASED-NAME First Middle Lost 20, DATE KNOWN Manth Type or Print) OF ESTI-	Day Year 2b. HOUR
Page 15	L	OF ESTI- CHARLES MONROE PARHAM DEATH MATED 4	23 19 68 3:20
delay and 3 M3. Pag	3. 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 MRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
M3. M3.	M	ale White May 31 1928 lost birthdoy) MONTHS DAYS HOURS MIN. Month Doy April 23	Year 1968 3:20
ny delo ny pwas. ny pwas. ny pwas.	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	D
arm's L	נסטו	Noith Carolina U.S.A. WIDOWED DIVORCED Howard	Wq
ath any delages 1, 2, and ith farm PM3.	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND DF BUSINESS DR
s certificate shauld be executed within 24 haurs after death e, writing the word "pending" in pencil in Item 18. Give Pages I, forwarded ta the Chief Medical Examiner's Office along with farm used as a burial-transit permit. File pages land 2 with the State Deemayal, and in any event within 72 haurs after death.		Woodstock Lee Ramsburg Farm, during Population of retired.)	Mousenstrution
fter Gin ang ang		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY CHAITS? 13e. STREET AND NUMBER Rt.	1
2 with death	0	dmission) STATE 13b. COUNTY Woodstock YES NOTE Lee Ramsburg F	arm,
haurs Item 1 Office 1 and 2 after d	14, 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
24 haurs in Item 1 ir's Office es land 2 urs after d		Dexter Parham Martha Banham	
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
I within n pencil Examine File page	((es, no, or unknown) (Hyes give wor or dones of service) 218 20 2297 Vaughn Parham 706 Nottingham Rd	. Balto, Md.
suld be executed wif vord "pending" in pe ne Chief Medical Exar al-transit permit. File any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be execute "pending" ief Medica insit permit event with		PART I. DEATH WAS CAUSED BY: Acute Acholisim	SETTLE ORSE AND DEATH
Me Me		571.8 DUE TO, OR AS A CONSEQUENCE OF	
be "pe lief insid		Conditions, if any, which gave	
Pro Cho		rise to immediate cause (a), (stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
should be executed he word "pending" is to the Chief Medical burial-transit permit.		last. 52//	
This certificate shauld be executed icate, writing the word "pending" in be forwarded to the Chief Medical Ed be used as a burial-transit permit. If ar remaval, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fica ing dec as	_	Fatty Liver	
wait wait was	TIO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific icate, writin be forward a d be used ar ar remaval,	CERTIFICATION	WAS PERFORMED?	YES NO
INER: This e certificate, should be for files. 3 should be to affiles.	CER	21a: EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the	m (8.)
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	,
Sha s	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
bical Examiner: se execute the certicator. Page 4 shauld ned far yaur files. ECTOR: Page 3 shoul		WHILE NOT WHILE foctory, office building, etc.)	21010
DEPUTY SICAL EXAM ressary, please execute the funeral director. Page 4 may be retained far yaur FUNERAL DIRECTOR: Page		22a. I certify that I taak charge of the remains described above, held on Autopsy X, Inspection , Inquiry	and in my opinion
CTO Surface CTO		death resulted fram: Matural causes . Accident . Suicide . Hamicide . Undetermined manner	and the same of th
please direct direct DIREC ar ta k		Chief Medical examiner	
JIY Blass e eral director be retained RAL DIRECT		ACTUAL TXVIAVA TI VY III	IGNED
RA Pr		MU SOUTH MEDICAL PROPERTY AND A SOUTH ASSESSMENT ASSESS	1 23, 1968
o DEPUTY necessary, please es the funeral director. S may be retained D FUNERAL DIRECTOR Health prior to bu		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	2 231 1700
ro DEPUTY necessary, the funera 5 may be 0 FUNERA! Health pr	230	Edward F. WILLOW, M.D.	(County) (Stote)
3		REMOVAL (Specify)	
(8)	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 250. RECD BY REGISTRAR 256. REGIS	
VR A15ME [5]	1	0 0 10 Le Ellicott City Wo	
10M REV. 1/68	70	the 12 state _ street or of , and . DATE APR 9 9 1968 Julie	may funge

